THIRD SIX-MONTHLY PROGRESS REPORT

This memorandum provides a third six-monthly update on the MOD’s progress in implementing the recommendations of the House of Commons Defence Committee report ‘An acceptable risk? The use of Lariam for military personnel’ which was published in May 2016. The Committee published the Government response to the report in September 2016 and requested six-monthly updates on the MOD’s progress in implementing the recommendations of the report.

In the last six-monthly update, we stated that a revised copy of the MOD’s Malaria Prevention Policy was published on gov.uk with links to the mefloquine information signposting page. Our revised policy was shared with the Advisory Committee on Malaria Prevention (ACMP) prior to its publication. In addition, we continue to liaise closely with the ACMP and have shared the findings of the last six-monthly update with the committee. This was reviewed at a meeting of the ACMP on 2 February this year, and no significant comments were made.

Since our last update, the ACMP has updated and reissued its guidelines for malaria prevention. These guidelines recognise that the world malaria situation has improved significantly in some regions in recent years; and there has been no change to the ACMP’s view that mefloquine remains a valuable option for some travellers, following an appropriate risk assessment.

On 17 May, the Government published an Official Statistic\(^1\) which showed that the number of mefloquine prescriptions remains very low, with only 31 personnel having been prescribed mefloquine between 1 October 2017 and 30 March 2018, compared with 40 as reported in the previous mefloquine Official Statistic which covered the period 1 April to 30 September 2017. This constitutes only 0.4% of all anti-malarial drugs prescribed to Service personnel in this period, compared with 0.7% for the previous six-month period.

Of those prescribed mefloquine, 27 out of 31 (87%) had a coded electronic entry for a face-to-face risk assessment in their patient record. The Official Statistic is based on the

codes generated when a clinician utilises the electronic templates to record that a face-to-face consultation has taken place.

As the Defence Statistics publication states: it is possible that risk assessments were done, and alternatives to mefloquine offered, and recorded as free text in the medical records instead of coded data. We have analysed three of the four records where a coded entry was not made and in all of these cases there was evidence in the 'free text' boxes to show that a face to face discussion was carried out. In the fourth case, because the prescription was issued via a pharmacy capability in South Sudan which is no longer in use, it will take longer to cross-reference and identify the relevant medical record. Nevertheless, I hope it is clear to the committee that our new policy is working as it should.

Defence Primary Healthcare (DPHC) will continue to investigate fully all anti-malarial prescriptions where coded data is missing in order to identify learning points and improve compliance.

The mefloquine Single Point of Contact (SPOC) email and telephone line, established in September 2016 for both current and former Service personnel who have concerns about their experience of mefloquine, has recorded 111 enquiries since its inception, 56 of which were received in the first month. In the six-month period covered by this update, 13 enquiries have been received, the last of which was in January 2018 which coincided with an internal reminder announcement on the MOD intranet.

In the last six-month report, we stated that a MOD Research Ethics Committee-approved study into the side effects of malaria chemoprophylaxis would be conducted, with data collected from military personnel returning from exercise in Kenya, in December 2017. The data-gathering phase has been completed and analysis will begin shortly with a view to a report being published later this year.

Mefloquine continues to be recommended as a safe and effective form of malaria prevention by Public Health England, the World Health Organisation and other respected bodies who take account of the body of global evidence.

We hope it continues to prove evident that the MOD has positively addressed the concerns expressed by the Committee. Although the number of mefloquine prescriptions
has fallen, the number of enquiries to the SPOC has greatly reduced, and the world malaria situation has improved in certain regions, we are not complacent. Chemoprophylaxis is just one element of our malaria prevention policy, which remains under continuous review. We are confident that the preventive measures that we have in place ensure that our personnel receive the very best protection.